

DEC 10 2010

CITY MANAGER

12-7-10
Please type or print in ink.

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A Public Document

NAME (LAST) (FIRST) (MIDDLE)
HOPKINS DEBE L

MAILING ADDRESS STREET CITY STATE ZIP CODE

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Anderson City Council

Division, Board, District, if applicable:

City of Anderson

Your Position:

City Council

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ County of _____

☒ City of Anderson

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Assuming Office/Initial Date: ____/____/____

☐ Annual: The period covered is January 1, 2009,
through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through
December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages
including this cover page: _____

► Check applicable schedules or "No reportable
interests."

I have disclosed interests on one or more of the
attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed 12-10-10
(month, day, year)

Signature